PATENT APPLICATION FEE DETERMINATION RECOR

ve December 8, 2004

Application or Docket Number

10/534376

CLAIMS AS FILED - PART IS								SMALL ENTITY TYPE		OB	OTHER THAN OR SMALL ENTITY		
(Column 1) (Column 2)								1175		1 1	SMALL	NIIIY	
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE	
BAS	SIC FEE		SMALL ENT. = \$ 150		LARC	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	
EX.	MINATION FE	E	Satisties PCT A (4) = \$50			her situations = 100 / \$ 200		EXAM. FEE			EXAM FEE	ZW	
SEA	RCH FEE		U.S. is ISA = \$ ALL other cou \$ 200 / \$	mirles =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	70	
FEE	FOR EXTRA	PEC. PGS.	min	us 100 =		/50 =		X \$ 125 =		i:	X \$ 250 =		
τοτ	AL CHARGEA	BLE CLAIMS	14 mir	nus 20 =			4	X \$ 25 =		OR	X \$ 50 =		
INDI	EPENDENT CL	AIMS .	a	inus 3 =	•	· · · · · · · · · · · · · · · · · · ·	1	X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	SENT					+\$180=		OR	+ \$ 360 =		
• If	the difference	in column 1 is l	- .	TOTAL		OR	TOTAL						
CLAIMS AS AMENDED - PART II								SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 114	Minus .	• D	0	- \]	X \$ 25 =		OR	X \$ 50 =		
	Independent	• 2	Minus	•••	3	=	4	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+\$180=	-	OR	+\$ 360 =	•	
				TOTAL ADDIT. FEE		OR	FEE	__					
(Column 1) (Column 2) (Column 3)													
18	·	(Column 1) CLARAS REMAINING AFTER AMENDMENT		HIGHI MUME PREVIO PAID I	EST BER USLY	PREȘENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total	•	Minus	**		5		X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	•.	Minus	***		=-		X \$ 100 =		OR	X \$ 200 =		
`	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT (MIAJC			+\$ 180 =		OR	+ \$ 360 = TOTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3', enter "3".													
	If the Tilghest Nur The Tilghest Nur	mber Previously Pald nber Previously Pald	I FOL' IN THIS SP For' (Total or Ind	ebeuqeut) p	s the high	heal number four	nd in t	e eppropriate box	cin column 1.	•		٠	